

POLICY AND PROCEDURE REVIEW & REQUIRED FORMS

DMHMRSAS-- Office of Licensing

<i>PROVIDER :</i>	<i>LICENSE # :</i>
<i>SERVICE :</i>	<i>MANAGER :</i>
<i># OF LOCATIONS :</i>	<i>DATE OF REVIEW :</i>

Regulation	Section	Standard	Date	Date	Date	Date
§150.5.a	Prescreening & discharge planning	Develop policies and procedures that include identification of employees or services responsible for prescreening & discharge planning				
	150.5.b.	Completion of predischage plans prior to discharge				
	150.5.b.1	That involve the individual & family & reflect the individuals preferences				
	150.5.b.2	Include MH, MR, SA, social, educational, medical, employment and other services the individual will				
§210.C	Fiscal accountability	The provider shall have written internal controls to minimize the risk of theft or embezzlement of provider funds				
§220.1	<i>Indemnification</i>	Indemnity Coverage: General liability;				
§220.2		Indemnity Coverage: Professional liability;				
§220.3		Indemnity Coverage: Vehicular liability;				
§220.4		Indemnity Coverage: Property damage.				
§230	Fee schedule	Written schedule of rates and charges available upon request				
§240.A	Policy on funds of individuals receiving services.	Addresses handling funds of individuals receiving, including providing for separate accounting of individual funds				
	§240.B	Documented financial controls to minimize theft				
	§240.C	Surety bond or other assurance for security of funds				
<input type="checkbox"/> <i>Financial Information Form- expenditures and disbursement of Client's funds-§240.A</i> <input type="checkbox"/> Staff involved <input type="checkbox"/> Client involved <input type="checkbox"/> Amount of funds <input type="checkbox"/> Date <input type="checkbox"/> Purpose						
§270.	Building modifications.	Addresses safety and continue service delivery if new construction or conversion, structural modifications or additions to existing buildings				
§310.	Weapons Policy.	Addresses use and possession of firearms, pellet guns, air rifles and other weapons on the facility's premises. Weapons must be:				
	310.1	In the possession of licensed security or sworn law-enforcement personnel;				
	310.2	Kept securely under lock and key; or				

	310.3	Used under the supervision of a responsible adult in accordance with policies and procedures developed by the facility for the weapons' lawful and safe use				
§400.A	Background checks	Policy for criminal history & central registry checks for employees, contractors, students & volunteers				
§ 410	Job Descriptions	Each employee shall have a written job description that includes:				
	.A.1	Job Description includes job title				
	410.A.2	Job Description includes duties & responsibilities				
	410.A.3	Job Description includes title of supervisor				
	410.A.4	Job Description includes minimum KSA				
§450.	Employee training and development.	Addresses retraining for:				
	450.1	Medication administration,				
	450.2	Behavior management, and				
	450.3	Emergency preparedness.				
		Training and development documented in employee personnel records.				
<input type="checkbox"/> Staff Orientation Form for Employees, Contractors, Volunteers and Students -§440 <input type="checkbox"/> Objectives and philosophy of the provider; <input type="checkbox"/> Confidentiality <input type="checkbox"/> Human rights regulations <input type="checkbox"/> Applicable personnel policies; <input type="checkbox"/> Emergency preparedness procedures; <input type="checkbox"/> Infection control practices and measures; and <input type="checkbox"/> Other policies and procedures that apply to specific positions and specific duties and responsibilities.						
<input type="checkbox"/> Staff Training and Development Form -§450 Retraining in: <input type="checkbox"/> ER preparedness, <input type="checkbox"/> Medication administration, <input type="checkbox"/> CPR/First Aid, <input type="checkbox"/> Behavior management, <input type="checkbox"/> Human Rights						
§480.	Employee or contractor performance evaluation.	Addresses evaluation of employee or contractor performance				
<input type="checkbox"/> Performance Evaluation Form--§480 <input type="checkbox"/> Core Duties and Responsibilities <input type="checkbox"/> Addresses Continued Training needs <input type="checkbox"/> Staff Developmental Needs						
§490.	Written grievance policy.	Addresses method use to inform employees of grievance procedures				
<input type="checkbox"/> Grievance Procedure Form-§490						
§500.A	Students and volunteers.	Defines and communicates use and responsibilities for students and volunteers including selection and supervision. Does not include students and volunteers as staff.				
§520.	Risk management.	Risk management policy:				
	520.A	Designates a person responsible for risk management.				

	520.B	Identifies, monitors, reduces and minimize risks associated with personal injury, property damage or loss and other sources of potential liability				
	520.C	Conducts and documents at least annually own safety inspections of all service locations owned, rented or leased. Recommendations for safety improvement shall be documented and implemented.				
<input type="checkbox"/> Facility Inspection Checklist Form-§520.C <ul style="list-style-type: none"> <input type="checkbox"/> Smoke detectors <input type="checkbox"/> Fire extinguishers <input type="checkbox"/> ER lighting <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Needed repairs <input type="checkbox"/> Extension cords <input type="checkbox"/> Outside grounds <input type="checkbox"/> Outside lighting <input type="checkbox"/> Building exterior <input type="checkbox"/> Floors <input type="checkbox"/> Restrooms <input type="checkbox"/> Cleanliness <input type="checkbox"/> Safety hazards <input type="checkbox"/> Washer/dryer <input type="checkbox"/> Furniture <input type="checkbox"/> Refrigerator/freezer <input type="checkbox"/> Windows/screens <input type="checkbox"/> Locks <input type="checkbox"/> Laundry supplies <input type="checkbox"/> Personal hygiene supplies <input type="checkbox"/> Emergency food/water <input type="checkbox"/> OSHA Kit <input type="checkbox"/> Security alarms 						
	520.D	Documents serious injuries to employees, contractors, students, volunteers and visitors. Documentation kept on file for three years. Evaluate injuries at least annually. Recommendations for improvement shall be documented and implemented.				
	520.E	Identifies any populations at risk for falls and to develop a prevention/management program.				
<input type="checkbox"/> Falls Assessment Form -§520.E <ul style="list-style-type: none"> <input type="checkbox"/> Have a history of falls <input type="checkbox"/> Are experiencing agitation or delirium; <input type="checkbox"/> Are on medications, which may cause drowsiness <input type="checkbox"/> Have a history of Hypotension <input type="checkbox"/> Impaired mobility, <input type="checkbox"/> Impaired vision, <input type="checkbox"/> History of low or unstable blood sugar, <input type="checkbox"/> Need frequent toileting, <input type="checkbox"/> Are intoxicated, or withdrawing from alcohol or other drugs, and <input type="checkbox"/> Have an impaired mental status. 						
	520.F	Develops, documents and implements infection				

		control measures, including the use of universal precautions				
§530.	Emergency preparedness and response plan.	Policy addresses:				
	530.A	Written emergency preparedness and response plan for all services and locations				
	530.A.1	Contact with local emergency coordinator				
	530.A.2	Analysis of capabilities & hazards that would disrupt services				
	530.A.3	Policies outlining responsibilities of administration & management of response activities				
	530.A.4	Written response procedures for assessing situation to include				
	530.A.4.a	Communicating with employees and others				
	530.A.4.b	Warning & notification to individuals served				
	530.A.4.c	Providing emergency access to locked areas				
	530.A.4.d	Conducting evacuations to emergency shelters				
	530.A.4.e	Relocating individuals in inpatient or residential services				
	530.A.4.f	Notifying family members or guardians				
	530.A.4.g	Alerting emergency personnel & sounding alarms				
	530.A.4.h	Locating & shutting off utilities				
	530.B	Periodic emergency preparedness and response training for all employees contractors, students and volunteers				
	530.C	Annual review of ER plan and revisions				
<input type="checkbox"/> Fire Safety Drill Form-§530.6 <input type="checkbox"/> Date/Shift/Time <input type="checkbox"/> Staff participating <input type="checkbox"/> Number of Clients <input type="checkbox"/> Location of Fire <input type="checkbox"/> Time started; time finished <input type="checkbox"/> Total time <input type="checkbox"/> Head count <input type="checkbox"/> Problems noted <input type="checkbox"/> Dated/signed						
<input type="checkbox"/> Emergency Preparedness Numbers Posted-§540.B <input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> Poison control <input type="checkbox"/> Administrator <input type="checkbox"/> Nearest hospital, <input type="checkbox"/> Ambulance service, <input type="checkbox"/> Rescue squad and <input type="checkbox"/> Other trained medical personnel						
§570.	Mission Statement	Clearly defines services philosophy, purpose, and goals.				
§580.	580.A	Ensures services are consistent with mission and available for public review				
	580.B	Offers structured program of care to meet the individuals' physical and emotional needs; provide				

		protection, guidance and supervision; and meet the objectives of any required service plan to include:				
<input type="checkbox"/> Daily Schedule of Services -§580.B						
	580.C.1	Goals;				
	580.C.2	Care, treatment, training, habilitation, or other supports provided;				
	580.C.3	Characteristics and needs of the population served;				
	580.C.4	Contract services, if any				
	580.C.5	Admission, continued stay and exclusion criteria				
	580.C.6	Termination of treatment and discharge or transition criteria; and				
	580.C.7	Type and role of employees or contractors.				
	580.D	Revision of service description whenever the service description changes				
	580.E	Provider does not implement services that are inconsistent with its most current service				
	580.F	In residential and inpatient services, addresses physical separation of children and adults in residential quarters and programming				
	580.G	In SA services, addresses the timely and appropriate tx of SA abusing pregnant women				
§590.	Provider staffing plan.	Includes the type and role of employees and contractor that reflect:				
	590.A.1	Needs of the population served				
	590.A.2	Types of services offered				
	590.A.3	Service description				
	590.A.4	Number of people served				
	590.B	Transition staffing plan for new services, added locations, and changes in capacity.				
	590.C	How employees are to be supervised				
		Experience staff has in working with the population served				
	590.D	Employs or contracts with persons with appropriate training, to meet the specialized needs- medical or nursing needs, speech, language or hearing problems or other needs, where specialized training is necessary				
§600.	Nutrition.					
	600.A.1	Provides food services that ensures access to nourishing, well-balanced, healthful meals				
	600.A.2	Considers cultural background, personal preferences, and food habits and that meet the dietary needs of the individuals served; and				
	600.A.3	Assists individuals who require assistance feeding selves in a manner that effectively addresses any deficits.				
	600.B.	For residential and inpatient services, monitors each individual's food consumption				
<input type="checkbox"/> Daily Nutrition Monitoring Form § 600.B						

§620	Monitoring & evaluating quality	Mechanism to monitor and evaluate service quality and effectiveness on a systematic & ongoing basis				
§630.	Screening admission and referrals	Policies contains:				
	630.A.	Written criteria for admission that include:				
	630.A.1	Description of the population to be served;				
	630.B.2	Description of the types of services offered;				
	630.C.3	Exclusion criteria.				
<input type="checkbox"/> Client Screening Form §640 <input type="checkbox"/> Date of initial contact <input type="checkbox"/> Name, age, and gender of the individual <input type="checkbox"/> Address and phone number, if applicable <input type="checkbox"/> Presenting needs or situation to include: <input type="checkbox"/> Psychiatric <input type="checkbox"/> Medical problems <input type="checkbox"/> Current medications <input type="checkbox"/> History of medical care <input type="checkbox"/> Name of screening employee or contractor <input type="checkbox"/> Method of screening <input type="checkbox"/> Screening recommendation <input type="checkbox"/> Disposition of individual.						
§650.A	Assessment policy.	How assessments are documented and implemented,				
	650.C	Designates employees or contractors responsible for assessments, have experience conducting assessments & experience with the assessment tool				
<input type="checkbox"/> Assessment Form-§650 <input type="checkbox"/> Onset/duration of problems <input type="checkbox"/> Social/behavioral/developmental/family history <input type="checkbox"/> Employment/vocation/educational background <input type="checkbox"/> Previous interventions/outcomes <input type="checkbox"/> Financial resources and benefits <input type="checkbox"/> Health history and current medical care needs <input type="checkbox"/> Legal status <input type="checkbox"/> Daily living skills <input type="checkbox"/> Social/family supports <input type="checkbox"/> Housing arrangements <input type="checkbox"/> Ability to access services						
§660.B	Individualized services plan (ISP).	Providers of short term services shall develop & implement a policy to develop ISP's within a time frame consistent with expected length of stay				
<input type="checkbox"/> Sample ISP Form-§660 & 670 <input type="checkbox"/> A summary or reference to the assessment <input type="checkbox"/> Goals and measurable objectives for addressing each identified need <input type="checkbox"/> The services and supports and frequency of service to accomplish the goals and objectives <input type="checkbox"/> Target dates for accomplishment of goals and objectives <input type="checkbox"/> Estimated duration of service plan <input type="checkbox"/> Discharge plan, where applicable <input type="checkbox"/> The employees or contractors responsible for coordination and integration of services <input type="checkbox"/> Documentation that Client, and/or LAR are participants in developing the plan						

Sample Quarterly Progress Notes Form-§660.H

- Client's progress toward meeting plan objectives
- Family involvement
- Continuing needs
- Progress toward discharge
- Status of discharge planning
- Revisions, if any
- Documentation that Client, and/or LAR are participants in developing the plan

§690.	Orientation.	Orientation of individuals and LAR to services includes:				
	690.B.1.	The mission of the provider;				
	690.B.2.	Confidentiality practices for individuals receiving services;				
	690.B.3.	Human rights and how to report violations;				
	690.B.4.	Participation in treatment and discharge planning;				
	690.B.5.	Fire safety and emergency preparedness procedures;				
	690.B.6.	The grievance procedure				
	690.B.7.	Service guidelines;				
	690.B.8.	Physical plant or building lay-out;				
	690.B.9.	Hours and days of operation; and				
	690.B.10.	Availability of after-hours service.				
	690.C.	Security restrictions orientation—Correctional facilities only				
	690.D.	Document orientation has been provided to individuals and the legal guardian/authorized representative.				

Client Orientation Form-§690

- The mission of the provider
- Confidentiality practices for individuals receiving services
- Human rights and how to report violations
- Participation in treatment and discharge planning
- Fire safety and emergency preparedness procedures
- The grievance procedure
- Service guidelines
- Physical plant or building lay-out
- Hours and days of operation
- Availability of after-hours service

§700.A	Written policies and procedures for a crisis or clinical emergency	Prompt intervention of a crisis or clinical emergency during screening and referral or admission and service provision				
	700.B.1	A definition of crisis and clinical emergency;				
	700.B.2	Procedures for stabilization and immediate access to appropriate internal and external resources including a provision for obtaining physician and mental health clinical services, if on-call physician back up or mental health clinical services are not available				
	700.B.3	Employee or contractor responsibilities; and				
	700.B.4	Location of emergency medical information for individuals receiving services, which shall be readily accessible				

Crisis-Intervention Form- §710

- Date and time
- Nature of crisis or emergency
- Name of individual
- Precipitating factors
- Interventions/treatment provided
- Employees or contractors involved
- Outcome

§720.	Health care policy.	Written policy, appropriate to the scope and level of service that addresses provision of adequate medical care. This policy shall describe how:				
	720.A.1	Medical care needs will be assessed;				
	720.A.2	Individualized services plans address any medical care needs appropriate to the scope and level of service;				
	720.A.3	Identified medical care needs will be addressed;				
	720.A.4	Provider manages medical care needs or responds to abnormal findings;				
	720.A.5	Provider communicates medical assessments and diagnostic laboratory results to individuals and authorized representatives.				
	720.A.6	Provider keeps accessible to staff the names, addresses, phone numbers of medical and dental providers				
	720.A.7	Provider ensures a means for facilitating and arranging, as appropriate, transportation to medical and dental appointments and medical tests when services cannot be provided on site.				
	720.B	In residential or inpatient service; provider shall either provide or arrange for provision of appropriate medical care. In other services, defines which instances will provide or arrange for appropriate medical and dental care and which instances will be referred.				
§730.	Medical information.	Develop and implement a medical evaluation or document its ability to obtain a medical evaluation that consists of, at a minimum, a health history and emergency medical information.				

Health History Form--§730

- Allergies
- Recent physical complaints & medical conditions
- Chronic conditions
- Communicable diseases
- Handicaps & restrictions, if any
- Past serious illness, injuries & hospitalizations
- Past serious illness, injuries & hospitalizations of parents & siblings
- Current & past medications
- Current & past substance abuse history
- Communication problems
- Sexual health & reproductive history

Emergency (ER) Medical Information Form §750

- The name, address, and telephone number of: The individual's physician
- The name, address, and telephone number of A relative, legally authorized representative, or
- The name, address, and telephone number of or other person to be notified
- Medical insurance company name and policy
- Currently prescribed medications and over-the-counter medications used by the individual
- Medication and food allergies
- History of substance abuse
- Significant medical problems
- Significant communication problems
- Advance directive, if one exists.

§740.	Physical examination.	Physical examinations in consultation with a qualified practitioner. Residential services administer or obtain results of physical exams within 30 days of admission. Inpatient services administer physical exams within 24 hrs of admission.				
	740.B	Physical examination shall include, at a minimum:				
	740.B.1	General physical condition (history and physical);				
	740.B.2	Evaluation for communicable diseases;				
	740.B.3	Recommendations for further diagnostic tests and treatment, if appropriate;				
	740.B.4	Other examinations indicated, if appropriate; and				
	740.B.5	The date of examination and signature of a qualified practitioner.				
	740.C	C. Locations designated for physical examinations shall ensure individual privacy				

Client Physical Examination Form-§740

- General physical condition (history and physical)
- Evaluation for communicable diseases
- Recommendations for further diagnostic tests and treatment, if appropriate
- Other examinations indicated, if appropriate
- The date of examination and signature of a qualified practitioner

§760.	Medical equipment.	Maintenance and use of medical equipment, including personal medical equipment and devices				
§770.	Medication management.	Written policies addresses:				
	770.1	Safe administration, handling, storage, and disposal of medications				
	770.2	Use of medication orders;				
	770.3	Handling of packaged medications brought by individuals from home or other residences;				
	770.4	Employees or contractors authorized to administer medication and training required				
	770.5	Use of professional samples; and				
	770.6	Window within which medications can be given in relation to the ordered time of administration.				
	770.B	Meds administered only by persons authorized by state law.				
	770.C	Meds administered only to the individuals for whom the medications are prescribed and administered as prescribed.				
	770.D	Maintained a daily log of all medicines received				

		and refused by each individual. This log shall identify the employee or contractor who administered the medication.				
	770.E	If the provider administers medications or supervises self-administration of medication in a service, a current medication order for all medications the individual receives shall be maintained on site.				
	770.F	Promptly disposes of discontinued drugs, outdated drugs, and drug containers with worn, illegible, or missing labels according to the applicable regulations of the Virginia Board of Pharmacy.				
§800.A	Behavior management techniques.	Describes the use of behavior management techniques				
	§800.A.1	Be consistent with applicable laws				
	§800.A.2	Emphasize positive approaches				
	§800.A.3	List & define behavior management techniques				
	§800.A.4	Protect the safety & well-being of individuals				
	§800.A.5	Specify methods for monitoring their use				
	§800.A.6	Specify methods for documenting their use				
	§800.B	Policies developed, implemented & monitored by employees trained in behavior management				
	§800.C	Policies & procedures available to individuals, families, guardians & advocates				
<input type="checkbox"/> Monitoring Behavior Management Form- §800.A (5)						
<input type="checkbox"/> Abuse/Neglect Reporting Form-§160.C.1						
<input type="checkbox"/> Date/Time of allegation <input type="checkbox"/> Name <input type="checkbox"/> Nature of allegation of abuse, neglect, or exploitation <input type="checkbox"/> Type of abuse; <input type="checkbox"/> Whether the act resulted in physical or psychological injury <input type="checkbox"/> Staff involved <input type="checkbox"/> Action taken with staff involved <input type="checkbox"/> Notifications: Human Rights; Licensing; Placing Agency; Guardians/Parents, Date & Times						
<input type="checkbox"/> Seclusion and Restraint Documentation Form §830						
<input type="checkbox"/> Physician's order <input type="checkbox"/> Date and time <input type="checkbox"/> Employees or contractors involved <input type="checkbox"/> Circumstances and reasons for use <input type="checkbox"/> Other behavior management techniques attempted <input type="checkbox"/> Duration <input type="checkbox"/> Type of technique used <input type="checkbox"/> Outcomes, including documentation of debriefing						
§850.A	Transition of individuals among services.	Process for the transition of an individual among services of the provider. At a minimum, addresses:				
	850.A.1	Continuity of service;				
	850.A.2	Participation of the individual and his family;				
	850.A.3	Transfer of the individual's record;				
	850.A.4	Transfer summary; and				
	850.A.5	Where applicable, discharge and admission summaries				

<input type="checkbox"/> Transfer Form-§850 <input type="checkbox"/> The originating service <input type="checkbox"/> The destination service <input type="checkbox"/> Reason for transfer <input type="checkbox"/> Current psychiatric and medical condition of the individual <input type="checkbox"/> Updated progress on meeting the goals and objectives of the ISP <input type="checkbox"/> Medications and dosages in use <input type="checkbox"/> Transfer date <input type="checkbox"/> Signature of employee or contractor responsible for preparing the transfer summary					
§860.A	Discharge.	Addresses process to discharge of individuals from the service and termination of services to include medical or clinical criteria for discharge			
<input type="checkbox"/> Discharge Form-§860 <input type="checkbox"/> Reason for admission and discharge <input type="checkbox"/> Individual's participation in discharge planning <input type="checkbox"/> Individual's level of functioning or functional limitations <input type="checkbox"/> Recommendations on procedures, or referrals, and the status, and arrangements for future services <input type="checkbox"/> Progress made achieving the goals and objectives identified in the individualized services plan <input type="checkbox"/> Discharge date <input type="checkbox"/> Discharge medications, if applicable <input type="checkbox"/> Date the discharge summary was actually written/documented <input type="checkbox"/> Documentation that resident, placing agency & LAR are participants in developing the plan <input type="checkbox"/> Signature of person who prepared summary					
§870.	Written records management policy.	Describes confidentiality, accessibility, security, and retention of records pertaining to individuals, including:			
	870.A.1	Access, duplication and dissemination of information only to persons legally authorized according to federal and state laws;			
	870.A.2	Storage, processing and handling of active and closed records;			
	870.A.3	Storage, processing and handling of electronic records;			
	870.A.4	Security measures to protect records from loss, unauthorized alteration, inadvertent or unauthorized access, disclosure of information and transportation of records between service sites; physical and data security controls shall exist for electronic records;			
	870.A.5	Designation of person responsible for records management; and			
	870.A.6	Disposition of records in event the service ceases operation. If the disposition of records would involve a transfer to another provider, the provider shall have a written agreement with that provider.			
	870.B	The records management policy shall be consistent with state and federal laws and regulations including:			
	870.B.1	Section 32.1-127.1:03 of the Code of Virginia;			
	870.B.2	42 USC § 290dd;			
	870.B.3	42 CFR Part 2; and			
	870.B.4	4. Health Insurance Portability and Accountability Act (Public Law 104-191, 42 USC § 300gg et seq.) and implementing regulations (42 CFR Part 146).			

	12 VAC 35-115-80.C (2)	Human Rights Regulations regarding when records may be released without consent.				
§880.	Documentation policy.					
	880.A	Defines all records address an individual's care and treatment and what each record contains.				
	880.B.	Defines a system of documentation that supports appropriate service planning, coordination, and accountability. At a minimum this policy shall outline:				
	880.B.1	The location of the individual's record;				
	880.B.2	Methods of access by employees or contractors to the individual's record; and				
	880.B.3	Methods of updating the individual's record by employees or contractors including frequency and format.				
	880.C.	Entries in the individual's record shall be current, dated, and authenticated by the person making the entry. Errors shall be corrected by striking through and initialing. A policy to identify corrections of record, if electronic				
<input type="checkbox"/> Client Face Sheet Form -§890.A <input type="checkbox"/> Identification number unique for the individual <input type="checkbox"/> Name of individual <input type="checkbox"/> Current residence, if known <input type="checkbox"/> Social security number <input type="checkbox"/> Gender <input type="checkbox"/> Marital status <input type="checkbox"/> Date of birth <input type="checkbox"/> Name of legal guardian or authorized representative <input type="checkbox"/> Name, address, and telephone number for emergency contact <input type="checkbox"/> Adjudicated legal incompetency or legal incapacity <input type="checkbox"/> Date of admission to service						
<input type="checkbox"/> Sample Daily Progress Notes Form-§680 <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Format <input type="checkbox"/> Staff signature						
<input type="checkbox"/> Therapies- Individual/Group Form-§580.C. (2) <input type="checkbox"/> Date <input type="checkbox"/> Time <input type="checkbox"/> Format <input type="checkbox"/> Staff signature						
<input type="checkbox"/> Release of Information Form-§80.B (4) (Human Rights) <input type="checkbox"/> Specify what is to be released <input type="checkbox"/> Dated <input type="checkbox"/> Notification it can be revoked <input type="checkbox"/> Expiration date <input type="checkbox"/> Signatures of resident & LAR						
§920.	Review process for records.	Review process to evaluate both current and closed records for completeness, accuracy, and timeliness of entries				

Record Review Form-§920

- Addresses personnel records
- Addresses resident records
- MAR's
- Staff completing the review
- Follow-up needed